

Registration District No. 5-27-1942 70

Primary Registration District No. 5633

Registrar's No. 2089

1. PLACE OF DEATH:

(a) County Barren

(b) City or town Mt Vernon Mo

(c) Name of hospital or institution: Missouri State San  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 264 days  
(Specify whether years, months or days) 264 days

In this community 264 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sibesta  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 1

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country. ....

3. (a) PRINT FULL NAME Dorothy Fay Eubanks

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10<sup>th</sup>  
year 1942 hour 11:00 minute 40 M.

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Fred Eubanks

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb 25 1915  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 19 1940 to May 10 1942  
that I last saw he alive on May 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 20 mo.

8. AGE: Years 26 Months 6 Days 15 If less than one day or min.

Due to. ....

Due to. ....

9. Birthplace Vector Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 13 ft

11. Industry or business

12. Name George Morris Humphrey

13. Birthplace Mo Co Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Marjane Bolinger

15. Birthplace Searcy Co Ark  
(City, town, or county) (State or foreign country)

Major findings: Of operations 13 ft

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Reed Clark

(b) Address Missouri State San Mt Vernon

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof May 13-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Primaries, Ark

18. (a) Signature of funeral director Ellie Fernald Home

(b) Address Sibesta Mo

19. (a) 5-11-42  
(Date received local registrar)

(b) Andy Crawford  
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (c) Means of injury 0

23. Signature Esther E. Coffman (M. D. certifier)

Address Mo State Sanatorium Date signed 5-11-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

530

JUN 4 1942

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, May 11 - 42

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Chas. E. Elmer*

Licensed Embalmer No. ....

*4218*

P. O. Address

*Shelton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**